
Wisconsin Medicaid Companion Document to HIPAA Implementation Guide: X12 270/271 Eligibility, Coverage, or Benefit Inquiry and Response

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to Wisconsin Medicaid, BadgerCare, and SeniorCare, although the companion document only refers to Wisconsin Medicaid.

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide Wisconsin Medicaid-specific information that details the way to create HIPAA transactions for Wisconsin Medicaid and explains how Wisconsin Medicaid creates HIPAA transactions. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the Wisconsin Medicaid-specific information required to successfully exchange transactions electronically with Wisconsin Medicaid.

Wisconsin Medicaid will accept and process any HIPAA-compliant transaction. However, a compliant transaction that doesn't contain Wisconsin Medicaid-specific information, though processed, may be denied for payment. For example, a compliant 837 claim created without a Wisconsin Medicaid recipient identification number will be processed by Wisconsin Medicaid, but will be denied payment.

Companion documents highlight the data elements significant for Wisconsin Medicaid. For transactions created by Wisconsin Medicaid, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how Wisconsin Medicaid processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at (608) 221-9036.

The term subscriber will be used as a generic term throughout the companion document. This term could refer to any one of the following depending upon the health program for which the transaction is being processed:

- Wisconsin Medicaid recipient.
- Wisconsin Chronic Disease Program (WCDP) recipient.
- Health Insurance Risk Sharing Program (HIRSP) policyholder.

The following are criteria upon which subscriber searches can be based. At least one of these combinations of subscriber data must be present in a 270 inquiry to support the generation of a 271 response:

1. PAN (primary account number).
2. Medicaid identification number (MAID).
3. Last name, first name, date of birth.
4. Last name, first name, Social Security number.
5. Social Security number, date of birth.

If the search for a subscriber is unsuccessful, the subscriber's identifying information such as name, birthdate, and Social Security number will be returned in the 271 response as it was received on the 270 inquiry.

If the search for a subscriber is successful, the subscriber's identifying information contained in the 271 response will be taken from the applicable eligibility file. In the case that the source data differs from the data sent in an inquiry, notification will be sent in the response that a change has been made to one or more of the fields that was received. This will be indicated in the INS segment of the 2100C loop.

As recommended in the 270/271 Implementation Guide, only one patient inquiry per transaction will be supported in the real time system. Therefore, loop 2110C of the 270 must occur only one time per inquiry.

Each 270, eligibility, coverage, or benefit inquiry transaction must be preceded by the four-digit transaction identification "WTPG".

VERSION 3 REVISION LOG

270/271

Approved: 09/09/03

Modified by: EMS

Loop/Segment Revised	Page(s) Revised	Text Revised
Not Applicable	5	Instructions have been added to include the transaction identification, "WTPG", preceding the 270 transaction.
2110C / MSG	15	A message has been added to this field to instruct the provider to call the subscriber's insurance company for specific coverage information.
2120C / NM1	16	The entity identifier code for private insurance coverage and managed care coverage has been changed from "IL" to "PRP".
2110C / EB	22	The description of the value provided in EB03 for private insurance coverage has been changed to indicate that only a value of "30" will be provided. This change affects note 3 in Attachment 1.
Not Applicable	23	Note 5 of Attachment 1 listing the coverage types for private insurance has been removed. Coverage types will not be provided in the 271 due to transaction size limitations.

VERSION 2 REVISION LOG

270/271

Approved: 08/26/03

Modified by: EMS

Loop/Segment Revised	Page(s) Revised	Text Revised
Header / ISA & GS	4 & 9	Instructions for assigning identifiers in the control segments in fields ISA06, ISA08, GS02, and GS03 have changed. This is effective for both the 270 and 271 transactions.
2110C / MSG	14	The MSG segment in loop 2110C of the 271 now includes a more specific description of the messages that can be returned.
2110C / EB	18	Use of the EB segment of the 271 (field EB01) has been expanded to indicate an identity card status of lost or stolen. See note 3 of the attachment for this change.
2110C / EB	N/A	Wisconsin Medicaid has decided that it will not return SeniorCare spenddown and deductible amounts in the EB segment in loop 2110C of the 271. The spenddown and deductible information on Medicaid's files is current. However, eligibility inquiries can contain past dates of service, so reporting amounts on file would be inaccurate. The SeniorCare spenddown or deductible amount section was previously described in note 3 of the attachment. This note has been removed.
2110C / EB	19	Field EB03 in loop 2110C of the 271 for managed care information now contains a more specific explanation of its use. This field provides a code of '33' if the managed care program covers chiropractic services or a code of '35' if the program covers dental service. The document now indicates that the EB segment will be repeated if both types of coverage are available.

X12 270 Eligibility Inquiry

Note: Precede each inquiry transaction with the four-digit transaction identification “WTPG”.

Loop	Element	Name	Instruction
	ISA	Interchange control header	The ISA is a fixed-length record with fixed length fields. <i>Note:</i> Deviating from the standard's ISA element sizes will cause the interchange to be rejected.
	ISA05	Interchange ID (sender) qualifier	Enter the value "ZZ," which is mutually defined.
	ISA06	Interchange sender ID	Enter the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	ISA07	Interchange ID (receiver) qualifier	Enter the value "ZZ," which is mutually defined.
	ISA08	Interchange receiver ID	Enter "WISC_DHFS".
	ISA13	Interchange Control Number	The interchange control number assigned in ISA13 must be identical to the value in IEA02. If these numbers do not match, the transaction will not be processed.
	ISA14	Acknowledgement requested	Enter the value "0" to indicate no acknowledgement requested. TA1 and 997 functional acknowledgements will not be returned for real-time transactions. TA1 and 997 functional acknowledgements will automatically be generated for batch transactions.
	ISA16	Component element separator	Enter a colon in this field. This is the agreed upon character that will function as a component element separator.
	GS02	Application sender's code	Enter the same value as ISA06, the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	GS03	Application receiver's code	Enter "WISC_TXIX" for Wisconsin Medicaid.
	GS06	Group Control Number	The group control number assigned in GS06 must be identical to the value in GE02. If these numbers do not match, the transaction will not be processed.

Loop	Element	Name	Instruction
	GS08	Version / release / industry identifier code	<p>Enter the value "004010X092A1" to indicate the HIPAA-mandated implementation guide release for this transaction.</p> <p><i>Note:</i> This code represents the HIPAA implementation guide with the most recent addenda changes. Using an earlier guide, without the most recent addenda changes, does not comply with the HIPAA rule and will cause the transaction to be rejected.</p>
	BHT03	Reference identification	<p>Make this identifier unique to a single transaction (ST to SE envelope). Repeating a value will cause the transaction to be rejected. It is recommended that a value with an easily identifiable pattern is used to aid research (e.g., "ANY_GROUP_PRACTICE_20031016" or "ANY GROUP PRACTICE #00001").</p>
2100A	NM101	Entity identifier code	Enter "PR" to indicate payer.
2100A	NM102	Entity type qualifier	Enter "2" to indicate a non-person entity.
2100A	NM108	Identification code qualifier	Enter "PI" to indicate payer identification.
2100A	NM109	Identification code	Enter "WISC_TXIX" for Wisconsin Medicaid.
2100B	NM108	Identification code qualifier	Enter "SV" to indicate the service provider number.
2100B	NM109	Identification code	Enter the information receiver's Wisconsin Medicaid provider ID.
2100B	REF	Information receiver additional information	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	N3	Information receiver address	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.

Loop	Element	Name	Instruction
2100B	N4	Information receiver city/state/ZIP	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	PER	Information receiver contact info	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100B	PRV	Provider segment	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2000C	TRN	Subscriber trace number	This segment may be used to assign a trace number to a transaction. 271 responses will contain as many TRN segments as were present on the received 270 inquiry as well as an additional segment originated by the information source.
2000C	TRN02	Reference identification	Use this field to assign a unique trace or reference number for this transaction.
2000C	TRN03	Originating company identifier	Use this field for an identification number of the entity that originated the reference identification in TRN02.
2100C	NM101	Entity identifier code	Enter "IL" to indicate insured or subscriber.
2100C	NM102	Entity type qualifier	Enter "1" to indicate person.
2100C	NM103	Name last or organization name	Enter the subscriber's last name.
2100C	NM104	Name first	Enter the subscriber's first name.
2100C	NM108	Identification code qualifier	Enter "MI" to indicate member identification number.
2100C	NM109	Identification code	Enter the subscriber's Member Identification Number.
2100C	REF01	Reference identification qualifier	See Note 1 in Attachment 1.
2100C	REF02	Reference identification	Enter either the subscriber's identity card number or Social Security number as indicated by field REF01.

Loop	Element	Name	Instruction
2100C	N3	Subscriber address	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	N4	Subscriber city/state/ZIP	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	PRV	Provider information	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	DMG01	Date time period format qualifier	Enter "D8" to indicate a single Date.
2100C	DMG02	Date time period	Enter the subscriber's date of birth in the format CCYYMMDD.
2100C	INS	Subscriber relationship	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2100C	DTP01	Date time qualifier	Enter "307" to indicate eligibility.
2100C	DTP02	Date time period qualifier	Enter one of the following values: <ul style="list-style-type: none"> • D8 - Indicates that DTP03 will contain a single date. • RD8 - Indicates that DTP03 will contain a range of dates.
2100C	DTP03	Date time period	Enter the date or dates of inquiry for the subscriber's benefits.
2110C	EQ01	Service Type Code	Enter "30" to indicate health benefit plan coverage.
2110C	AMT	Subscriber spend down amount	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.

Loop	Element	Name	Instruction
2110C	III	Subscriber eligibility or benefit additional inquiry information	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2110C	REF	Subscriber additional information	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2110C	DTP	Subscriber eligibility/benefit date	It is not necessary to submit any data in this segment as it is irrelevant for Wisconsin Medicaid's purposes. Any data submitted in this segment will not be used in processing the inquiry.
2000D		Dependent level	Because each subscriber and each of his/her dependents is assigned a unique ID number, dependents are treated as subscribers in the eligibility verification process. Thus, there is no need to submit any data in this, or any subordinate (D) loops. Any data submitted in these loops will not be used in processing the inquiry.
	GE01	Number of transaction sets included	Enter "1" for all real-time transactions.
	GE02	Control group number	The value in this field must be identical to the number assigned in field GS06.
	IEA01	Number of included functional groups included in an interchange	The number in this field is a count of the "GS" records created. This must always be a value of "1" for real-time transactions.
	IEA02	Interchange control number	The number in this field must be identical to the number entered in ISA13.

X12 271 Eligibility, Benefit Response

Loop	Element	Name	Instruction
	ISA	Interchange control header	The ISA is a fixed-length record with fixed length fields.
	ISA05	Interchange ID (sender) qualifier	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA06	Interchange sender ID	This field will contain "WISC_DHFS".
	ISA07	Interchange ID (receiver) qualifier	This field will contain a value of "ZZ" to indicate mutually defined.
	ISA08	Interchange receiver ID	This field will contain the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	ISA13	Interchange control number	Wisconsin Medicaid will assign a number in this field to be used as a distinct tracking number.
	ISA16	Component element separator	This field will contain a colon. This is the character that will function as a component element separator in the transaction.
	GS02	Application sender's code	This field will contain "WISC_TXIX" for Wisconsin Medicaid.
	GS03	Application receiver's code	This field will contain the same value as ISA08 which is the eight-digit numeric vendor number assigned by Wisconsin Medicaid.
	GS08	Version / release / industry identifier code	<p>This field will contain a value of "004010X092A1," which indicates the HIPAA-mandated implementation guide release for this transaction.</p> <p><i>Note:</i> The implementation guide used to create this HIPAA transaction incorporates the most recent HIPAA addenda changes.</p>
	BHT03	Reference identification	The value in this field will be identical to the unique transaction identifier received in the BHT03 field of the 270 inquiry.
2000A	AAA	Request validation	This segment will be used in the response to indicate that there was a problem within the header of the inquiry.

Loop	Element	Name	Instruction
2000A	AAA03	Reject reason code	<p>This field will contain one of the following values:</p> <ul style="list-style-type: none"> • 41 - Indicates that the entity identified in GS02 is not authorized to submit transactions for one of the applicable Wisconsin health care programs. • 42 - Indicates that Wisconsin Medicaid is unable to respond at the current time. • 79 - Indicates that a participant identification number provided in either GS02 or GS03 of the 270 inquiry was invalid.
2000A	AAA04	Follow-up action code	<p>This segment will contain one of two values:</p> <ul style="list-style-type: none"> • P - Indicates that the inquiry must be resubmitted. • C - Indicates that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2100A	NM101	Entity identifier code	This field will contain "PR" to indicate payer.
2100A	NM102	Entity type qualifier	This field will contain "2" to indicate non-person entity.
2100A	NM103	Name last or organization name	This field will contain "Wisconsin Medicaid".
2100A	NM108	Identification code qualifier	This field will contain "PI" to indicate payer identification.
2100A	NM109	Identification code	This field will contain "Wisconsin Medicaid".
2100A	REF	Information source additional information	This segment will not be returned.
2100A	PER	Information source contact information	This segment will contain Wisconsin EDI Helpdesk information.
2100A	PER01	Contact function code	This field will contain "IC" to indicate information contact.
2100A	PER02	Name	This field will contain the name of the applicable Wisconsin health care program.
2100A	PER03	Communication number qualifier	This field will contain "TE" to indicate telephone.
2100A	PER04	Communication number	This field will contain the phone number for the associated entity identified in PER02.

Loop	Element	Name	Instruction
2100A	AAA	Request validation	This segment will be populated if an error was detected in the 2100A loop of the 270 inquiry or if the quantity of allowable transactions was exceeded.
2100A	AAA03	Reject reason code	This field will contain one of the following values: <ul style="list-style-type: none"> • 04 - Indicates that the quantity of allowable transactions has been exceeded. Only one transaction is allowable per transmission in real-time. • 79 – Indicates that an invalid participant identification has been entered in loop 2100A, field NM109 of the 270 inquiry.
2100A	AAA04	Follow-up action code	This field will contain the following value: <ul style="list-style-type: none"> • C - Indicates that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2100B	NM1	Information receiver name	The values returned to the receiver in this segment will be identical to the values sent by the information receiver in the 270 inquiry.
2100B	REF	Information receiver additional identification	This segment will not be returned.
2100B	AAA	Request validation	This segment will be populated if there was a problem with the inquiry's 2100B, NM1, receiver name segment.
2100B	AAA03	Reject reason code	This field will contain the following value: <ul style="list-style-type: none"> • 51 - Indicates that the provider is not contained in the information source's files.
2100B	AAA04	Follow-up action code	This field will contain the following value: <ul style="list-style-type: none"> • C - Indicates that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2000C	TRN	Subscriber trace number	This segment will be used to return each of the TRN segments that were received in the 270 inquiry as well as to assign a unique trace number.
2100C	NM101	Entity identifier code	This field will contain "IL" to indicate insured or subscriber.
2100C	NM102	Entity type qualifier	This field will contain "1" to indicate person.

Loop	Element	Name	Instruction
2100C	NM103	Name last or organization name	This field will contain the subscriber's last name.
2100C	NM104	Name first	This field will contain the subscriber's first name.
2100C	NM108	Identification code qualifier	This field will contain "MI" to indicate member identification number.
2100C	NM109	Identification code	This field will contain the subscriber's member identification number.
2100C	REF01	Reference identification qualifier	<p>This field can contain one of the following values based upon the information received in the 270 inquiry:</p> <ul style="list-style-type: none"> • HJ - Indicates that the subscriber's identity card number will be returned in REF02. • SY - Indicates that the subscriber's Social Security number will be returned in REF02.
2100C	REF02	Reference identification	This field can contain either the subscriber's identity card number or Social Security number as indicated by REF01.
2100C	N3	Subscriber address	This segment will be used to indicate a subscriber's street address. The address will appear as it is contained in the information source's files, regardless of what is sent in the 270 inquiry.
2100C	N4	Subscriber city/state/ZIP	This segment will be used to indicate a subscriber's additional address information. The information will appear as it is contained in the information source's files, regardless of what is sent in the 270 inquiry.
2100C	PER	Subscriber contact information	This segment will not be returned.
2100C	AAA	Subscriber request validation	This segment will be populated if there is a problem with the inquiry's 2100C, subscriber segment.
2100C	AAA03	Reject reason code	<p>This field will contain a valid value from the Implementation Guide that properly indicates any errors detected in the 270 inquiry.</p> <p>See Note 2 in Attachment 1.</p>

Loop	Element	Name	Instruction
2100C	AAA04	Follow-up action code	This field will contain the following value: <ul style="list-style-type: none"> • C - Indicates that there was a problem with the inquiry. The inquiry must be corrected and resubmitted.
2100C	DMG01	Date time period format qualifier	This field will contain the following value: <ul style="list-style-type: none"> • D8 - Indicates that a date will be expressed in the format CCYYDDMM in DTP03.
2100C	DMG02	Date time period	This field will contain the subscriber's date of birth in the format CCYYMMDD.
2100C	DMG03	Gender code	<ul style="list-style-type: none"> • "F" - female. • "M" - Male. • "U" - Unknown.
2100C	INS	Subscriber relationship	This segment will be returned if the inquiry contains subscriber information that differs from Wisconsin Medicaid's files. Possible discrepancies are the subscriber's MAID, name, or date of birth.
2100C	DTP	Subscriber date	This segment will not be populated.
2110C	EB	Subscriber eligibility or benefit information	<p>Any number of EB segments may be used to communicate coverage information during the time period indicated in the related DTP segment. The following types of information will be communicated here:</p> <ul style="list-style-type: none"> • Medicaid coverage • Medicare coverage • Private insurance • Medicaid managed care program • Lock in information <p>See Note 3 in Attachment 1.</p>
2110C	HSD	Health care services delivery	This segment will not be returned.
2110C	REF	Subscriber additional information	<p>This segment will be used for additional identifiers related to the EB loop.</p> <p>See Note 4 in Attachment 1.</p>
2110C	DTP01	Date/time qualifier	This field will contain "307" to indicate eligibility.

Loop	Element	Name	Instruction
2110C	DTP02	Date time format qualifier	<p>This field will contain one of the following values:</p> <ul style="list-style-type: none"> • D8 – Indicates that a date will be expressed in the format CCYYMMDD in DTP03. • RD8 – Indicates that a range of dates will be expressed in the format CCYYMMDD-CCYYMMDD in DTP03.
2110C	DTP03	Date time period	This field will contain the date or dates related to information in the associated 2110C loop.
2110C	AAA	Subscriber request validation	This segment will not be returned.
2110C	MSG	Message text	<p>This segment can contain a number of different messages that describe a subscriber's benefits/status:</p> <ul style="list-style-type: none"> • If the subscriber's primary account number (PAN) shows a status of lost/stolen card, the MSG segment will contain a message indicating that status. • In conjunction with Medicaid eligibility, the MSG segment will be used to provide a description of the subscriber's medical status code. • In conjunction with Medicaid eligibility, the MSG segment will contain a message if the subscriber has additional eligibility that has not been displayed. • If the subscriber resides in health personnel shortage area (HPSA), the MSG segment will indicate that information. • In conjunction with managed care program enrollment information, the MSG segment will contain messages associated with certain program enrolments. • In conjunction with private insurance, the MSG segment will instruct the provider to call the carrier for coverage information. • In conjunction with private insurance coverage, the MSG segment will contain a message if the subscriber has additional coverage that has not been displayed.
2110C	III	Subscriber additional information	This segment will not be returned.

Loop	Element	Name	Instruction
2110C	LS01	Loop identifier code	This field will be populated only when it is necessary to identify an entity in the NM1 segment that follows. If this segment is populated, it will contain "2120."
2120C	NM1	Subscriber benefit related entity name	This segment will provide identifying information regarding any lock-in providers, private insurance, or managed care providers identified in the EB segment.
2120C	NM101	Entity identifier code	This field will contain one of the following values: <ul style="list-style-type: none"> • 1P - Indicates that the 2120C loop will contain lock-in information. • PRP - Indicates that the 2120C loop will contain private insurance or managed care program information.
2120C	NM103	Name last or organization name	This field will contain the name of the entity identified in NM101 which will be further identified in the 2120C loop.
2120C	NM108	Identification code qualifier	When Medicaid managed care information is being returned, this field will contain "SV" indicating service provider.
2120C	NM109	Identification code	When Medicaid managed care information is being returned, this field will contain the managed care program's HMO code.
2120C	N3	Subscriber benefit related entity address	This segment will be used to indicate street address information for the entity identified in NM103.
2120C	N4	Subscriber benefit related city/state/ZIP	This segment will be used to indicate additional address information for the entity identified in NM103.
2120C	PER	Subscriber benefit related contact information	This segment will provide information to assist in contacting the entity identified in NM103.
2120C	PRV	Subscriber benefit related provider information	This segment will not be returned.
2110C	LE01	Loop identifier code	If field LS01 was populated, this field will contain "2120."
	GE01	Number of transaction sets included	This field will contain a value of "1" for all real-time transactions.
	GE02	Control group number	The value in this field will be identical to the number assigned in field GS06.

Loop	Element	Name	Instruction
	IEA01	Number of included functional groups included in an interchange	The number in this field is a count of the GS records created. This will always be a value of "1" for real time-transactions.
	IEA02	Interchange control number	The number in this field will be identical to the number entered in ISA13.

Attachment 1

270/271 Eligibility, Benefit, or Coverage Inquiry and Response Notes

Note 1:

The REF segment of the 2100C loop of the 270 inquiry can contain either a subscriber's Social Security number or a subscriber's identity card number. The first field of this segment, the REF01 reference identification qualifier, must contain one of the following two-byte values:

HJ – This value indicates that a subscriber's identity card number will follow in REF02. This code can be used as search criteria for Wisconsin Medicaid subscribers who present a Forward card with an associated PAN (primary account number).

SY – This value indicates that a subscriber's Social Security number will follow in REF02. The subscriber's Social Security number can be used in conjunction with the subscriber name or date of birth as search criteria.

Note 2:

Reject Reason Code	
15	Required application data missing
57	Invalid/missing dates of service
58	Invalid/missing date of birth
60	Date of birth follows date(s) of service
61	Date of death precedes date(s) of service
62	Date of service not within allowable inquiry period
63	Date of service in future
72	Invalid/missing subscriber ID
75	Subscriber not found
76	Duplicate subscriber ID number

Note 3:

The EB segment of the 2110C loop in the 271 eligibility response may contain many different types of information relating to the subscriber and may repeat several times. The following grids show the different types of information that can be returned in the EB segment.

Wisconsin Health Care Eligibility

Loop	Element	Name	Instruction
2110C	EB01	Eligibility or benefit information	This field will contain one of the following values: <ul style="list-style-type: none">• 1 – Indicates active coverage.• 6 – Indicates inactive coverage.• T – Indicates card reported lost or stolen. If this value is returned in EB01, the EB segment will be immediately terminated and EB02 – EB04 will not be present.
2110C	EB02	Coverage level code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service type code	If active coverage is indicated in EB01, this field will contain the value "30" to indicate health benefit plan coverage.
2110C	EB04	Insurance type code	This field will contain the value "MC" to indicate that Medicaid is the coverage being referenced.

Medicare

Loop	Element	Name	Instruction
2110C	EB01	Eligibility or benefit information	This field will contain the value "R" to indicate other or additional payor.
2110C	EB02	Coverage level code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service type code	If active coverage is indicated in EB01, this field will contain the value "30" to indicate health benefit plan coverage.
2110C	EB04	Insurance type code	<p>If there is no active Medicare coverage on file for the subscriber, this field will not be populated. If the subscriber has active Medicare coverage on file, this field will contain one of the following values:</p> <ul style="list-style-type: none"> • MA – Indicates that Medicare part A Is the coverage being Referenced. • MB – Indicates that Medicare part B Is the coverage being Referenced.

Medicaid Managed Care Program

Note: This structure will be used for Family Care, Medicaid contracted HMOs, and special managed care programs.

Loop	Element	Name	Instruction
2110C	EB01	Eligibility or benefit information	This field will contain the value "MC" to indicate managed care coordinator.
2110C	EB02	Coverage level code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service type code	<p>This field will contain a value indicating what type of coverage is available from the subscriber's managed care program.</p> <ul style="list-style-type: none"> • 33 – Indicates the managed care program includes chiropractic coverage. • 35 – Indicates the managed care program includes dental coverage. <p>If the subscriber's managed care program covers both chiropractic and dental, the EB segment will be repeated to indicate both codes.</p>
2110C	EB04	Insurance type code	This field will contain the value "HM" to indicate health maintenance organization.

Lock in

Loop	Element	Name	Instruction
2110C	EB01	Eligibility or benefit information	This field will contain the value "N" to indicate service restricted to following provider.
2110C	EB02	Coverage level code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service type code	<p>This field will contain one of the following values indicating the category for which the subscriber is locked in:</p> <ul style="list-style-type: none"> • 35 – Dental Care • 45 – Hospice • 50 – Hospital-Outpatient • 88 – Pharmacy • 96 – Professional (Physician)
2110C	EB04	Insurance type code	This field will contain the value "OT" to indicate other.

Private Insurance

Loop	Element	Name	Instruction
2110C	EB01	Eligibility or benefit information	This field will contain the value "R" to indicate other or additional payor.
2110C	EB02	Coverage level code	This field will contain the value "IND" to indicate individual.
2110C	EB03	Service type code	This field will contain the value "30" to indicate health benefit plan coverage.
2110C	EB04	Insurance type code	This field will contain the value "OT" to indicate other.

Note 4:

The contents of the REF segment in the 2110C loop of the 271 response will depend upon the information relayed in the associated EB segment. The contents will vary as follows:

- If the associated EB segment contains private insurance information, the REF segment will be returned twice. The segments will be populated as follows.

First Occurrence

Loop	Element	Name	Instruction
2110C	REF01	Reference identification qualifier	This field will contain the following value: <ul style="list-style-type: none"> • IG - Indicates that the subscriber's insurance policy number will follow in REF02
2110C	REF02	Reference identification	This field will contain the subscriber's insurance policy number.

Second Occurrence

Loop	Element	Name	Instruction
2110C	REF01	Reference identification qualifier	This field will contain the following value: <ul style="list-style-type: none"> • 6P - Indicates that the subscriber's group number will follow in REF02
2110C	REF02	Reference identification	This field will contain the subscriber's group number.

- If the associated EB segment contains Medicare information, the REF segment will be returned once. The segment will be populated as follows.

Loop	Element	Name	Instruction
2110C	REF01	Reference identification qualifier	This field will contain the following value: <ul style="list-style-type: none"> • F6 - Indicates that the subscriber's health insurance claim number will follow in REF02.
2110C	REF02	Reference identification	This field will contain the subscriber's health insurance claim (HIC) number.